Form **8871**(July 2000)
Department of the Treasury-Internal Revenue Service

## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

General Information							
1 Name of organization					Emplo	yer identificatio	n number
Health Care Providers Po 2 Mailing address (P.O. Box or number	litical Ac	ction Co	mmittee		14	1741235	
		JIII OI SQUOTI	2,110017				
90 State Street, Suite 2 City or town, state, and ZIP code	<u></u>					<del></del>	
•							
Albany NY 12207 3 E-mail address of organization							
HCP@NYSHCP.org							
4a Name of custodian of records		4b Custodian's address					
Dhyllic A Mana		NYS Association of Health Care Providers, Inc.					
Phyllis A. Wang			tate Street				-,
		A1ba	ny NY 122 of person's address	<u>2Ó7</u>			
5a Name of contact person		1					
Phyllis A. Wang		NYS Association of Health Care Providers, Inc.					
		90 State Street, Suite 200					
	ner		<u>ny. NY 122</u>		<del></del>		
6 Business address of organization (if	different from ma	ailing address	s snown above). Ni	umber, street, an	d room o	r suite number	
City or town, state, and ZIP code					<del></del>	<del></del>	
Purpose				<del> </del>			
7 Describe the purpose of the organization	ation						
The purpose of the PAC i		sat and			1	1 6	
THE PULLPOSE OF THE THO I	S LO PIOLO	arranu	MI OMORE DOS	irrrolls.am	1htob	osais.oi	•••••
NY Health Care and staff	ina sarvia	o provi	donatha	L1			
NY Health Care and staff							
may be received and expe	nded by th	ne PAC f	or the purp	ose of sur	pporti	ng the ele	ection
	***************	*************	<del>-</del> <del>-</del> <del>-</del>	·			
-£ ' NWG 1							
of persons in NYS who are	e-supporti	-veott-	he-⊦PAG-obje	ctives		***************************************	
				,			**********
List of All Related En	<del></del>	<del></del>	T & T & C C C				
8a Name of related entity	8b Relations	ihip	8c Address				
			ľ				
		1					
	-					·	
					••••••		
	<u> </u>						
			1				
	-	······		<del></del>			
			1.7	FRENKERIK	N COD	DEC	
			L4	J=0 000		INCC	
					C/517		
				10F-8-0-	2000		
				HUE HW	क्का व्याप्त		
	[		1				

Form 8871 (7		Directors, and Highly Cor	Page 2  mpensated Employees (see instructions)
9a Name	·	9b Title	9c Address
Carol	Greenberg	Chairperson	Concept: Care, Inc. 50 Main Street, 10th Floor White Plains, NY 10606
Mickey	y Jimeneż	Secretary	Gentiva Health Services -McKnown-Road; off-Western-Ave.  10 Pinnacle Place, Suite 200 Albany, NY 12203
James	Dwyer	Treasurer	Health Force 295 Main Street, Suite 905
Phy11i	is A. Wang	Asst. Treasurer	Buffalo, NY 14203  -NYS-Association-of-Health-Care-Providers, In 90 State Street, Suite 200  Albany, NY 12207
			Albany, HI 12207
<del></del>		e examined this notice, including accor	Part I is to be treated as an organization described in section 527 of the internal manying schedules and statements, and to the best of my know ledge and belief, HEDENED IN SORREE JULY 26, 2000
Sign Here	Signature of authorized	d official	JUL 3 0 2980
		Printed or	OGDEN (TTAH Form 8871 (7-2000)